

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2015
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This report is of a Biennial Construction Survey done by Bob Getchell on April 8, 2015. Information gathered from the DHSR Master Facility File and LTI databases indicates this facility was first licensed or submitted for licensure on 1-1-1978, for 30 residents. The capacity was later reduced to 29 residents. Based on this information, we are requiring the facility to meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1967 North Carolina State Building Code-Section 407.1, Group " D-2 " Institutional Occupancy. Deficiencies were cited which will require an acceptable Plan of Correction.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on observation, the current sanitation report for the kitchen was not available at the time of the survey. Findings include: The following reports were not available at the time of the survey: a) Sanitation report for the kitchen.	C 111		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2015
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	Continued From page 1	C 166		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner because bedroom wall finishes have been removed and the walls left dirty and unfinished. This would effect all residents by exposing them to dirty and unfinished wall surfaces Findings include: The cove base in all the bedrooms has been removed revealing an unfinished surface covered with dirt and old adhesive.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2015
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility was not maintained in a safe manner by having corridor doors that did not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment or room of origin.</p> <p>Findings include: The following doors could not be closed and latched: a) Room 5 door knob removed from door, b) Room 6 door knob falling off, c) Room 12 door has a gap at the top, d) Room 14 door knob removed from door, e) Room 11 door knob falling off, f) dining room corridor doors won't latch, g) Corridor bathroom door at room 12 has a gap at the top.</p> <p>2. Based on observation, the building electrical system was not maintained in a safe manner by allowing residents to use two-wire extension cords and expansion blocks in the outlets. This would effect all residents by potentially overloading electrical circuits in the bedrooms.</p> <p>Findings include: Two-wire extension cords and outlet expansion devices were observed in the following locations: a) Room 5 has an outlet expansion device. b) Room 7 has a two-wire extension cord, c) Room 14 has two-wire extension cords. Provide a UL-listed, grounded power strip with over current protection per NFPA 70.</p> <p>3. Based on observation, some of the ceiling HVAC vents were not maintained in an operational manner. This would effect all residents by not providing climate control in affected areas.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2015
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 3</p> <p>Findings include:</p> <p>a. The ceiling radiation dampers in the HVAC ducts in the ceiling have activated in the following locations: a) Corridor (4), b) Corridor bathroom (1), c) Bedroom next to clean linen (1), d) Bedroom 11 (1), e) Bedroom across from clean linen (1), f) Dining Room (1), g) Kitchen (2),</p> <p>4. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include:</p> <p>a. There is a fan escutcheon missing in the mop closet.</p> <p>b. The 1-hour fire resistance rated ceiling over the left exit has unprotected penetrations.</p> <p>c. There is a hole in the wall under the duplex outlet in room 10,</p> <p>d. There is a sprinkler escutcheon missing in the corridor bath,</p> <p>e. There is an unprotected penetration by conduit in the corridor bath ceiling over the fire annunciator.</p> <p>f. When the corridor HVAC return was sealed, the gypsum installed in the corridor ceiling was not taped, mudded and refinished to restore the fire resistance rating of the ceiling.</p> <p>g) There is an unprotected penetration by conduit in the corridor ceiling over the fire alarm panel.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL018023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2015
NAME OF PROVIDER OR SUPPLIER AUSTIN ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 4 These unprotected openings are not in conformance with the requirement to use a through penetration fire stop system that has been tested in accordance with ASTM E-814.	C 189		